therefore, being carried out in many nurseries without physicians being aware of it. There are no data whatsoever to support the present "dim light" conditions present in many nurseries as being the best. Outdoor lighting is used to illuminate many nurseries and "long-term disadvantages" are not apparent.

I agree that we have much to learn about light and its effect on human infants. The present leading article implies, however, that we know the present highly artificial light conditions are good, so why change? I would suggest that we face our ignorance on this point, examine the currently available evidence without prejudice, and then make a judgement.—I am, etc.,

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*We agree with Professor Lucey that the most important question in deciding the possible value of phototherapy is whether bilirubin may produce brain damage at lower concentrations than those normally considered safe. We briefly reviewed the available evidence which suggests that serum bilirubin levels below 20-25 mg./100 ml. do not cause brain damage. Professor Lucey dismisses these studies on the grounds that testing was "inadequate" yet in two of them the children were followed up to the age of seven years, and in two cognitive disorders or "minimal cerebral dysfunction" were specifically looked for. The question is intrinsically a difficult one to answer, because the premature babies who are most likely to be jaundiced are also those most likely to suffer other possibly brain damaging circumstances. Professor Lucey appears to discount any possible ill-effects on the grounds that phototherapy illuminates an infant less brightly than would outdoor light on a bright day — but the natural environment for a premature baby is presumably total darkness. Professor Lucey is surely right in pointing out that too little attention has been paid to illumination as an aspect of the premature infant's environment. Nevertheless whatever variations there may be in present practice in this respect, phototherapy must mean an increase in illumination: otherwise there would be no point in discussing it. One of the papers Professor Lucey quotes,⁵ and an accompanying editorial (in the same journal), discuss the biological potency of light in much the same terms as we did, and recommend caution in its use.

We agree with Drs. Behrman and Hsia¹

that "Pediatricians should consider phototherapy in the same cautious manner as they would in deciding upon the use of a new drug which has become available for the treatment of newborn infants." Conservatism in neonatal care is not altogether to be condemned, remembering the various forms of treatment which have been advocated and widely accepted for the newborn, and have subsequently proved harmful. The research now in progress will make it easier to assess the proper place of phototherapy in neonatal care. Meanwhile, we believe our recommendations are reasonable for the paediatrician concerned with routine care as opposed to research.—ED., B.M.J.

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Amblyopic Eyes

SIR,—I would like to compliment Mr. D. H. Nixseaman on his useful article on amblyopia (2 May, p. 279). I do feel, however, that he takes rather a pessimistic view of the liaison between ophthalmologist and practitioner.

In the area served by my hospital, it is very much the exception for a case of squint to be referred with a history of squint for longer than six weeks. In consequence of this very little occlusion is required in my orthoptic department, and the aim now is to obtain a binocular functional result rather than only a cosmetic result. I would also mention the Sheridan Gardiner test, using letter symbols, as a very useful way of obtaining an accurate visual acuity, and in fact I would expect to have an accurate assessment of acuity by this means in most of my patients by three years of age.

With this early referral of cases, even when amblyopia is present, conventional occlusion produces good results, and there is no recourse to pleoptics.—I am, etc.,

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Entonox as a Psychotherapeutic Aid

SIR,—Premixed 50% oxygen and 50% nitrous oxide originally introduced for obstetric use¹ has been found to have an application in many other fields where safe analgesia is required. Part of its function in obstetrics is probably due to its effect on the anxiety and tension factors in the vicious circle of pain in parturition. Drs. P. J. F. Baskett and A. Withnell (4 April, p. 41) refer to its anxiety-relieving properties

in a sample of patients with a number of different painful conditions conveyed by ambulance.

The disadvantage of most of the agents used as psychotherapeutic aids, whether administered intravenously or inhaled, is that their effects are not quickly reversible. Trichlorethylene using the Tekota apparatus² proved to be much less satisfactory than Entonox and had an obvious odour.

A trial with patients suffering from various psychoneurotic disorders has shown its usefulness. As might be expected its effects in low dosage were very variable and depended on the expectation of the patient, suggestion, and the doctor-patient relationship at that time. Even after inhaling the mixture to the point of unconsciousness the patients recovered very rapidly and were able to go home unaccompanied. It was found to be of particular value in those patients whose tension and inhibition made verbal psychotherapy very difficult. The patient was able to get used to the fear of loss of control by holding the mask himself and then allowing the psychotherapist to do so. It also had an application in desensitization techniques for phobic and obsessional patients.—I am, etc.,

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Colour in Rhodesia

SIR,—Your correspondents from Rhodesia, Mr. W. Houston and Dr. R. F. Browne (9 May, p. 366), are devoted to the principle of the free choice of doctor. Would they, I wonder, allow patients to reject the house surgeon on the grounds that he had hazel eyes, or that he had no turnups on his trousers?

Sweet reason and a sense of proportion are essential to all organized activities of men, and hospitals are no exception. Those who consider that objection to a doctor on grounds of race comes within the bounds of reason, and reflects a legitimate exercise of free choice of doctor, must in some measure share the racial prejudices of the patients concerned.

Hospitals should be considerate to the legitimate and reasonable needs and wishes of the patients. But they have an important task to perform on the basis of teamwork, and the whims and quirks of the neurotic women described by Dr. Browne should be patiently overruled.—I am, etc.,

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Extra Duty Allowances

SIR,—The hospital junior staff representatives on the negotiating subcommittee of the Central Committee for Hospital Medical Services will soon have the duty of examining the awaited report of the Review Body, and of deciding with our senior colleagues whether to recommend its acceptance. An integral part of these discussions will be a re-examination of the existing agreement on

extra duty and acting-up allowances. The "pricing" of units will not be known until the recommendations of the Review Body are published.

A good deal of concern has been expressed that extra duty allowances are unprofessional and should be rejected—reliance instead being placed upon a claim for a substantial increase in basic salary.